



Using a Family-Centered IFSP Process for Developing Functional IFSP Outcomes

Anne Lucas, Kathi Gillaspy, Joicey Hurth
NECTAC/UNC-CH
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Expected Outcomes

- Apply effective practices (from first contacts through the IFSP meeting) that can lead the IFSP team to developing functional and measurable outcomes
- Learn federal regulations related to the development of outcomes on an IFSP
- Practice, using a case study, writing functional and measurable outcomes

Agenda

- Setting the Context: Key Principles
- The IFSP Process
 - Gathering Information from Families
 - Functional Assessment
- Putting it All Together: Functional Outcomes
- Application: Kim's Case Study

Setting the Context: Key Principles

ESIT Mission

"The purpose of the Early Support for Infants and Toddlers program is to build upon family strengths by providing coordination, supports, resources, and services to enhance the development of children with developmental delays and disabilities through everyday learning opportunities"



Goal of El: Focus on Participation

... by focusing on participation in everyday activities:

1

"Early intervention provides supports and services to assist families and caregivers in enhancing their child's learning and development to assure his or her successful participation in home and community life"

Family Outcomes

 Percent of families participating in Part C who report that EI services have helped the family



- Know their rights
- Effectively communicate their children's needs
- Help their children develop and learn

3 Global Child Outcomes

- Percent of children who demonstrate improved:
 - Positive social emotional skills (including positive social relationships)



- Acquisition and use of knowledge and skills (including early language/communication)
- Use of appropriate behaviors to meet their needs

Paradigm Shift

Traditional Paradigms

- Treatment models
- Expertise models
- Deficit-based models
- Service-based models
- Professionallycentered models

New Paradigms

- Promotion models
- Capacity-building models



- Strengths-based models
- Resource-based models
- Family-centered models
- Accountability: Focus on Outcomes

First Six Years of Life

 Most important time in human development



 Critical for environments that children normally participate in to enhance learning and development

How Children Learn

Children learn and develop best when:

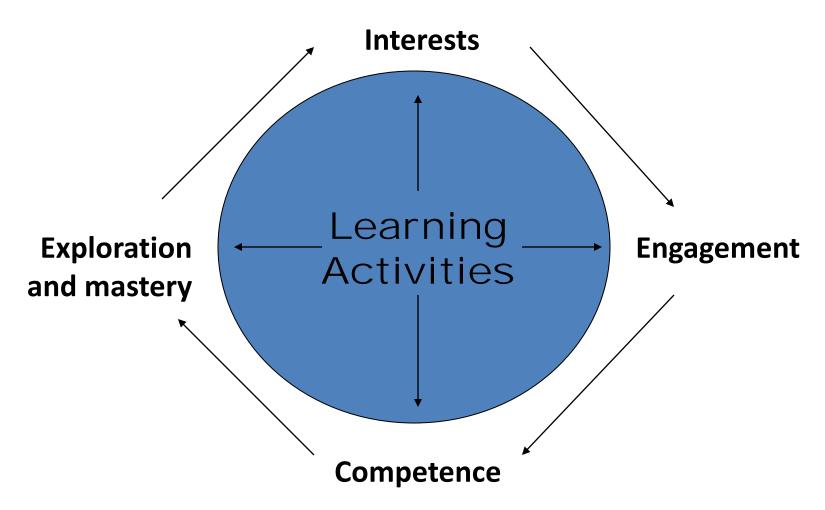
 Participating in natural learning opportunities that occur in everyday routines and activities of children and families and as part family and community life



 Interested and engaged in an activity, which in turn strengthens and promotes competency and mastery of skills

(Dunst, Bruder, Trivette, Raab & McLean, 2001; Shelden & Rush, 2001)

Context for Learning: Child Interest and Competence



(Dunst, Herter & Shields, 2000)

Interest-based Learning

- Children's interests influence:
 - Participation in activities
 - Level of engagement in activities
 - Amount of practice of new skills
 - Development of new competencies
 - Sense of mastery



(Raab, 2005)

Interest-based Learning

 Using child interests as the basis for involvement in everyday activities (materials, activities and people), children become more engaged in playing, interacting and participating

(Raab, 2005; Scott and McWilliam, 2003)

Engagement

 Defined as: "Amount of time children spend interacting appropriately with their environment"

(Scott and McWilliam, 2003)

Engagement

- The more a child is engaged, the more positive the outcomes in:
 - Behavior
 - Developmental progress
 - Communication
 - Problem solving
 - Interacting with others



(McWilliam and Casey, 2010; Raab, 2005)

Mastery

 Mastery of functional skills occurs through high-frequency, naturally occurring activities in a variety of settings that are consistent with family and community life



(Shelden & Rush, 2001; Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002; McWilliam, 2004)

Children with Disabilities

 "Children with disabilities spend more time non-engaged (e.g., wandering around, crying or waiting) than do their typically developing peers"



(Scott and McWilliam, 2003)

Children with Disabilities Need More Learning Opportunities / Practice

 Mahoney's (2008) research on young children with disabilities tells us they need even more practice (Twice as much for 50% delay, etc.)



 They need opportunities to learn – in context (walking on rugs and yards and gravel); instruction, coaching and most of all practice

Children Learn Through Staggering Amounts of Practice!

 The amount of a toddler's experience with walking is the only predictor of improved proficiency



- Walking infants practice for more than 6 hours/daily
- Average 500 1500 steps per hour
- 9000 steps per day (length of 29 football fields!)
 (Adolph, et. al., 2003)

Parents/Caregivers: Keys to Development

 Children's opportunities to practice are increased when parents/caregivers:

- [
- Select everyday activities that are interesting to the child or that foster situational learning
- Are responsive to children's play

(Mahoney, 2008; Raab, 2005)

- Without adequate practice to master a fundamental skill, a child cannot move to the next developmental level (Mahoney, 2008)
- "It Takes the Time It Takes!" (Parelli, 2010)

Focus: Successful Participation in Family & Community Activities

- Services should strengthen family and caregivers capacity to use multiple routines and activities as learning opportunities
- Successful participation = learning and practice= mastery of skills
- Services should also help families and caregivers figure out how to address challenging activities by improving the child's skills, making adaptations so s/he can be more successful

Parents/Caregivers Influence Learning

- What happens between intervention visits is most critical for learning
- The consistent adults in a child's life have the greatest influence on the child's learning and development – not providers/teachers
- All families/caregivers have strengths and capabilities that can be used to help their child develop and learn

Intervention: Focus on Supporting Parents and Caregivers

In new paradigms, interventionists'/therapists'
roles have shifted from the practitioner as the
expert to the practitioner who shares his/her
knowledge and resources with a child's key
caregivers through adult-to-adult relationships
in which family members are supported in
their day-to-day responsibilities of caring for
their child



(Hanft, 2004)

Intervention Strategies and Learning

- Hands-on, neurodevelopmental treatment (NDT), adult initiated instruction, directive intervention approaches, and pull-out intervention techniques are not substantiated by research as ensuring children's mastery of functional skills or enhancing their attainment of functional, contextualized outcomes
- Rather, child initiated instruction (interestbased) and activity-based approaches are supported by research as impacting learning

(Darrah, Law & Pollock, 2001; Shelden & Rush, 2001)

Natural Environments

 How early intervention special education is provided, not just where, is key



 Merely providing services in the home or community setting (integrated setting) does not guarantee child learning and participation in everyday activities and activities

(Jung, 2003)

Learning Opportunities

 Two hours/week therapy = 2% of total waking hours of a one year old child



 Diapering, feeding, playing = each happen at least 2000 times by the child is one year of age

 Just 20 everyday activities = 40,000 learning opportunities by age one

(Dunst, 2001)

Multiple Providers

- Survey data on parents reporting the helpfulness of early intervention providers indicate:
 - 96% of the parents having one provider rated him/her as helpful
 - 77% of the parents having two providers rated them as helpful
 - 69% of parents having three or more providers rated them as helpful (p<.001)

(Dunst & Bruder, 2004 Findings from National Survey of Service Coordination in Early Intervention (Research and Training Center on Service Coordination)

Service Frequency

 Visits provided too frequently can be disempowering or send the message that the parent is not competent



(Jung, 2003; Dunst, 2004)

- Frequency is determined jointly with family members, and based on:
 - Their comfort and confidence to implement agreed upon strategies throughout the course of their day
 - The babies developmental change and progress on outcomes

Natural Environment Community of Practice

Focus:

 Reach Consensus on Early Intervention Principles



- Identify the Research—base on Practices
- Compile Learnings from Research and Model Development and Validation Efforts
- Describe the Agreed Upon Practices that are "Model Neutral"

Documents

- Mission and Key Principles of Early Intervention Services
- Seven Key Principles & Looks Like/Doesn't Look Like
- Agreed Upon Practices For Providing Early Intervention Services In Natural Environments

www.nectac.org/topics/families/families.asp



Integrated Outcomes – Individualized Family Service Plan (IFSP) Process

45 days

Identification and Referral

Intake and Family Assessment Child Evaluation and Functional Assessment **IFSP Development**

Service Delivery and Transition

Receive referral

- Collect information on referral form including reason(s) for referral and results of screening or assessment, if applicable
- Establish child record
- Gather family's concerns and general information about child following procedures dictated by service delivery model (dedicated versus integrated service coordinator)
- Use 3 global outcomes as organizing framework for first conversations with family ("how does he get along with his brothers and sisters?")*
- Discuss reasons for referral, triggering probes for child's functioning in the 3 global outcome areas
- Provide general information about program
- Share program brochure describing vision of program and information about 3 global outcomes and family
- Determine family's interest in accessing program services and scheduling initial visit

Schedule initial visit with family (confirm in writing)

- · Determine need to conduct screening
- Determine need for surrogate parent and/or interpreter
- Acknowledge referral in writing with referral source
- . Conduct screening, if appropriate;
- Explain program in detail, communicating purpose of program as well as child and family outcomes to be measured
- •Determine with family if they wish to have child evaluated and assessed
- · Provide and explain rights;
- Obtain written parent consent for evaluation/assessment of child and request/release of information forms
- Provide prior notice for evaluation
- Gather information about child and family, incorporating 3 global outcomes
- Use outcomes framework to think about child's functioning, discussing everyday routines and activities of child and family
- Use information gathered at intake to help determine evaluation team
- Gather and document information about the child's functioning through naturalistic observation
- Gather information about family concerns and priorities for their child and family
- Gather information about family resources to assist in addressing priorities and concerns

Request existing developmental and medical information

- Determine if child is automatically eligible (diagnosed condition)
- Determine necessary evaluation and assessment to identify child's developmental status and unique needs in each developmental area
- Ensure sharing, continuity of information
- gathering, and coverage of 3 global outcomes
 Determine composition of evaluation and assessment team
- Schedule evaluation and assessment with team and family at place and time convenient for family
- Provide parental prior notice/rights
- Prepare family and coordinate team preparation for evaluation/ assessment

Team, including family, conducts evaluation and assessment, determines eligibility, and provides parental prior notice/rights on eligibility decision.

- Evaluation and eligibility assessment(s) should guide IFSP development
- Embed functional authentic assessment into conversations with families
- Build upon intake information
- Probe for functioning in 3 global outcomes
- Probe for functioning in daily routines
- Probe for functional information on PLODs by domain
- Facilitate and document observation of child in natural environment
- Document the child's functioning in 3 outcomes through narrative (and COSF culminating statements)

Provide family with parental prior notice/ rights for initial IFSP meeting and prepare family for meeting

- IFSP team, including family, meets to develop IFSP including:

 Review parents' priorities
- and concerns

 Summarize present levels
- of development functionally

 Describe how child uses
- skills in the 3 global outcomes areas

 Based on all information already gathered, review
- COSF culminating statements which correlate with ratings
- Establish functional and measurable individual child & family outcomes
- · Identify strategies
- Identify necessary services and timelines to begin services

Provide notice/procedural safeguards for agreed upon services. Parents provide consent for IFSP services

Implement timely services for which consent was provided

Ensure that service providers implement timely IFSP services

Coordinate ongoing service provision and ensure timely IFSP reviews /annual IFSP meeting to modify IFSP (including notice/rights)

- Provide parental prior notice/rights and coordinate timely transition conference
- Coordinate developing transition plan
 Ensure LEA notification
- Obtain consent for release of information to LEA or appropriate
- Ensure implementation of transition plan to ensure smooth transition
- Provide transition follow-up
- Provide notice/ procedural safeguards to discontinue services
- · Close child record

IFSP Process

- Key Steps for Developing Functional IFSP Outcomes
 - Gathering Information from Families
 - Functional Assessment
- Steps in IFSP process are inter-related (e.g., what's gathered and used in previous steps are used and built upon in subsequent steps – they are revisited)
- Key Timelines Critical to meet all timelines

The IFSP Process: Gathering Information from Families

Gathering Information: Purpose

- To identify what's challenging in everyday routines and activities (<u>concerns</u>) to assist parents and caregivers in identifying <u>priorities</u> for their child and family in:
 - Determining the focus of the functional assessment
 - Developing IFSP outcomes
- To identify interests and what's working in everyday activities (including family's resources) for developing IFSP outcomes, strategies, and planning intervention

Family Assessment: Requirements

- Voluntary, with concurrence of family
- Family directed
- Designed to determine resources, priorities and concerns of family
- Designed to identify supports and services necessary to <u>enhance family's</u> <u>capacity to meet developmental needs</u> <u>of child</u>

Family Assessment Requirements

- Family assessment must:
 - Be conducted by <u>personnel trained</u> to utilize appropriate methods and procedures
 - Be based on information provided by family through personal <u>interview</u>
 - Incorporate family's description of its resources, priorities and concerns related to enhancing child's development





Family Assessment Requirements



 With concurrence of the family, the IFSP must include a statement of the family's resources, priorities, and concerns related to enhancing the development of the child

Gathering Information from Families/Caregivers



- Information is gathered through:
 - Informal Interviews (e.g., conversations)

Formal Interviews using tools (e.g., Routines-Based Interview, ECO Mapping)

Informal Information Gathering



- Gathering family/caregiver information evolves over time so initial information may be incomplete
- Important to review information previously shared by family/caregivers during various steps of the process
- Create climate in which family/caregivers feels free to talk about child and family

Informal Information Gathering

- Adapt conversation to meet each family's/caregiver's communication style
- Ask family to share their "story" (e.g., experiences with child, previous medical, health, or developmental evaluation information, what's working/what's challenging, priorities, observations about child's development) and use questions when necessary

II. Child/Family Routines and Activities

Understanding the routines and activities of children and families assists the team in identifying the numerous learning opportunities that can support children's learning and development.

Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different settings?
What are the things your child enjoys most (including toys, people, places, activities, etc.)?
What does your family enjoy doing together and why? Who is involved? When does this occur?
What activities and relationships are going well?
What, if any, routines and activities do you find to be difficult or frustrating for you or your child?
What are the activities and routines your family currently does not do because of your child's needs, but is interested in doing now or in the near future?

IFSP Questions: Interests, What's Working, What's Challenging

- Where does your child spend the day? Who is involved? How would you describe your child's relationship(s) with you and the people they spend the most time with in different settings?
- What are the things your child enjoys most (including toys, people, places, activities, etc.)?
- What does your family enjoy doing together and why?
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Family Concerns, Resources, Priorities

Family's concerns and priorities drive the development of IFSP outcomes. Family resources and supports are critical for supporting and enhancing desired changes and children's functioning and learning. Families should share only the information they are comfortable sharing.

Summary of Family Concerns: (based on challenges in everyday routines and activities)
Cultimary of Fulling Contents. (Based on chancinges in everyday routines and delivities)
Priorities of the Family: (based on concerns identified above)
Priorities of the Falling. (based on concerns identified above)
Strengths, Resources that Family has to Meet their Child's Needs: (include family, friends, community groups,
financial supports, etc. that are helpful to you)
financial supports, etc. that are helpful to you)
financial supports, etc. that are helpful to you)
financial supports, etc. that are helpful to you)
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financial supports, etc. that are helpful to you)
In addition to the information you have already provided, do you have any additional concerns that you have not yet shared, or that others have shared with you about your child? Is there anything else you like to tell us that would be helpful in planning supports and services with you to address what is most important to your child and family?
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IFSP Process: Functional Authentic Assessment

Child Evaluation and Assessment Requirements

- Each state must ensure a timely, comprehensive, transdisciplinary evaluation of each child, birth through age two, referred for evaluation . . .
- Evaluation means procedures used by appropriately qualified personnel to determine child's initial and continuing eligibility . . . including determining the status of child in each developmental area

Child Evaluation and Assessment Requirements

- Assessment means ongoing procedures used by appropriately qualified personnel throughout child's eligibility to identify - -
 - Child's unique strengths and needs and services appropriate to meet those needs
 - Resources, priorities, and concerns of family and supports and services necessary to enhance family's capacity to meet developmental needs of their child



1. WHAT is Functional Assessment?

Assessment of the young child's skills in the real life contexts of family, culture and community rather than discrete isolated tasks irrelevant to daily life.



"the science of the strange behavior of children, with strange adults, in strange settings for the briefest possible period of time."

WHAT: Functional Assessment is...

- Contextually relevant information about the child's strengths and needs
- More culturally sensitive
- Individually focused

IS NOT...

- Domain based and discipline specific
- Deficit driven
- Threatening



WHAT: Functional Assessment is Authentic...

- The more realistic or natural the task,
 - The more motivated the child
 - The more applicable it is to everyday events and situations
- Authentic tasks and circumstances reinforce
 - Competency-based approach to the education of young children
 - Assessment of all disciplines across complex skills and processes
 - Generalization of learning across settings
- Authentic tasks require the assessor to make no inferences about a child's capabilities, because the behaviors sampled are directly observable.

University of Illinois at Chicago

2. Why is *Functional* Fundamental?

 Guides identification of FUNCTIONAL individualized goals/outcomes



 Yields a real picture of the child

3. Who Does IT?

 Families and familiar, knowledgeable caregivers in the child's life

- Providers
- Teachers
- Others, less familiar, can also contribute





4. When is IT Done?

Over time



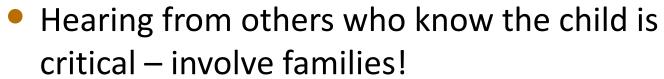
 "One-time observations even in the natural context, are insufficient and often misleading"



(Bagnato, Neisworth, Pretti-Frontczak, 2010)

5. How is IT Done?

- Knowing the purpose is important
- Observation is essential
 - Keep a focus on being objective vs. subjective
- Record keeping is key
 - Qualitative
 - Quantitative







HOW: Involving Families...

- More than asking questions, or going over questionnaires, and developmental profiles
- Listening to the family story and hearing about the child's engagement, independence, and social relationships with various day-to-day routines and activities
- Asking parents to show or describe
- Observing how the parent engages the child
- Setting up play scenarios

HOW: Asking Questions Related to Everyday Activities and Routines...

- Can you tell me about your day?
- What types of things happen on most mornings? Afternoons? Nights? Weekends?
- Where do you and your child spend time?
- What types of things or activities do you and your child like to do (e.g., hiking, going on picnics, paying games at home)?
- What things or activities do you and your child have to do on a regular basis (e.g., go to the store, give kids a bath, feed the horses, prepare meals, walk the dog)?
- What are activities that you and your child have to do?
- What are your child's interests? What things does your child enjoy and what holds your child's attention? (e.g., people, places, things such as toys, dog, being outside)

- What makes your child happy, laugh and/or smile?
- What routines and/or activities do your child not like? What makes this routine and/or activity difficult and uncomfortable for your child? What does your child usually do during the routine/activity?
- Who are key family members, other caregivers, or important people who spend time with your child and in what settings does this occur?
- Are there activities that you used to do before your child was born that you would like to do again?
- Are there new activities that you and your child would like to try?
- Are there any activities or places that you go (e.g., doctor's appointments, visiting grandparents) that occur on a less regular basis (e.g., once a week)?

HOW: Gathering Relevant Information...

Improve Functional
Abilities
Social Relations
Engagement
Independence

Employ Strategies

Identify Learning Opportunities Enhance Learning Opportunities

Routines/Activities going well

Routines/Activities not going well

Hindering Factors

Helping Factors

Employ Strategies

Improve Routine
Promote
Social Relations
Engagement
Independence

6. WHERE is IT Done?

 Only in the children's natural everyday settings, activities, and routines





7. How is IT Used?

- Information from functional assessment is used to:
 - Identify level of functioning and unique needs of child in each developmental area across settings
 - Identify the child's rating in the 3 global outcomes
 - Establish IFSP outcomes that are developmentally and functionally appropriate for the child and lead to successful participation in family and community life
 - Plan appropriate intervention strategies based on child's interests and what's working in everyday activities

Gathering Information and Functional Assessment Activity: Nolan's Story

Pulling it All Together: Writing Functional IFSP Outcomes

IFSP Outcomes Requirements

- IFSP must include- -
 - A statement of the major outcomes expected to be achieved for the child and family
 - The criteria, procedures, and timelines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary

Services in Natural Environments Requirements

- The IFSP must include a statement of specific early intervention services necessary to meet unique needs of child and family to achieve outcomes including:
 - Frequency, intensity, and method of delivering the services
 - Natural environments . . . in which early intervention services will be provided, and a justification of the extent, if any, to which services will not be provided in a natural environment



Location of services

Services in Natural Environments Requirements

- Natural environments means settings that are natural or normal for child's age peers without disability
- To maximum extent appropriate to the needs of child, early intervention services must be provided in natural environments, including home and community settings in which children without disabilities participate
- If outcomes can not be met by services in natural environments, a justification must be provided

IFSP Outcomes

- IFSP outcomes: What would your family like to see happen for your child/family?
- 2 types of outcomes
 - Child Outcomes
 - Family Outcomes



Child Outcomes

- Enhance child's learning through functional participation in everyday activities (child is learner/actor)
- Are important and meaningful to family/caregiver (priorities)
- Expand activity settings in which child can be competent
- Based on child's interests



Family Outcomes

- Enhance the capacity of the family to meet the needs of their child (family is learner/actor)
- Support accessing community resources and supports (FRC supported)
- Are important and meaningful to family/caregiver (priorities)
- Based on family's interests



IV. Functional IFSP Outcomes for Children and Families

Functional outcomes must reflect the changes families would like to see happen for themselves and their children and be based on family priorities and the developmental needs of the child.

Outcome #	Start Date:						
	Target Date:						
What would your family like in the context everyday routines a	to see happen for your child/family? (The outcome must be functional, measurable and and activities.)						
	ted to this outcome? What is your family currently doing that supports achieving rehild and/or family's functioning related to the desired change/outcome.)						
and what will they do? (Desc your outcomes within your daily a	your family and team will work toward achieving this outcome? Who will help cribe the methods and strategies that will be used to support your child and family to achieve activities and routines. List who will do what including both early intervention services and ly members, friends, neighbors, church or other community organizations, special health care trams.)						
	de progress or if revisions are needed to outcomes or services? (What criteria [i.e., at show progress is being made], procedures [i.e., observation, report, chart], and realistic						
How did we do? (Review of pr	rogress statement/Criteria for Success)						
Date:							
Date:	Continue: We are part way there. Let's keep going.						
The situation has changed:							
Date:	Discontinue: It no longer applies.						
	Revise: Let's try something different.						
Date:Explanations/Comments:							
	Washington Systems Improvement Project						

Functional IFSP Outcomes Supported by the Family Resources Coordinator Related to Accessing Community Resources and Supports

Family Resources Coordination is provided to all families enrolled in early intervention services. A Family Resources Coordinator will help you identify and access community resources and supports that you or your child may need, based on your current priorities. This page outlines the steps and activities that you and your team will take to connect you with these resources.

Outcome # What do we want to accomplish? (Desired Outcome)	Start Date: Target Date:		
Who will do what? (Strategies/Activities)			
Review Date: Progress Code (circle one): Achieved Continue Discontinue Comments:	Revise		
Outcome # What do we want to accomplish? (Desired Outcome)	Start Date: Target Date:		
Who will do what? (Strategies/Activities) Review Date: Progress Code (circle one): Achieved Continue Discontinue Comments:	Revise		
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Who will do what? (Strategies/Activities) Review Date: Progress Code (circle one): Achieved Continue Discontinue	Revise		
Comments: Washington Systems Improvement Pro	oject		

Using Information: IFSP Outcomes

Info from IFSP/IEP process	Determine Eligibility	Develop Outcomes	Select Routines, Activities Settings	Develop Strategies	Determine People and Resources (Services)	Determine Frequency and Intensity	Determine Criteria to Measure Progress
Family hopes		J	J				
Family CPRs		J				J	J
Family resources			J	J	J	J	
Child needs	J	J	J			J	J
Child strengths		J	J	J			
Child interests		J	J	J	J		
Behaviors X Settings		J	J	J	J		J
Desired activities	J	J	J	J	J		J

Linking Information Gathering to IFSP Outcomes / IEP Goals

UNDERSTAND

- How to gather information and conduct the functional assessment ...
- What's working and challenging in everyday activities ...
- How to use this information to develop IFSP outcomes/IEP goals

BELIEVE

 That child learn best through participation in everyday activities

Key Steps: IFSP/IEP Process

Beginning with initial contacts and referral Gathering
Information
from
parents and
caregivers

Evaluation and functional assessment Developing IFSPs and IEPs

Must Meet All Timelines

Using Information: IFSP Outcomes

- Start with parent's/caregiver's priorities about child's learning/development and/or family's need (hopes for their child and/or family's participation), not what the interventionists think is important
- Consider what's working in everyday routines and activities



Using Information: IFSP Outcomes

- Consider how the child's skills influence participation in everyday routines and activities
- Identify settings and naturally-occurring learning opportunities that occur throughout the day that are motivating and interesting to child and family to promote incidental learning and practice of skills



Outcomes/Strategies Before Services

- Develop IFSP outcomes/strategies before identifying services and supports
- Services and supports are determined based on what is necessary to meet the outcomes

(Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002;)



Developing IFSP Outcomes

Step 1: Determine the functional area(s)	Eating and chewing
Step 2: What routine(s) does this affect?	Meal time (e.g., lunch, dinner, restaurant)
Step 3: Child will participate in (routines in question)"	"Alicia will participate in lunch, dinner, and restaurant"
Step 4: "bying" (address specific behaviors)	"chewing her food"

Functional IFSP Outcomes

- Are statements necessary and functional for the child and family's life?
- Does the statement reflect real-life contextualized settings?
- Is the outcome discipline-free?
- Is the wording jargon-free, clear and simple?
- Does the wording emphasize the positive?
- Does the statement avoid the use of passive words (e.g., tolerate, receive, improve, maintain)



Child Outcomes: Examples

This

"Romeo will play with toys and eat meals with his family by sitting without much support"

Not This

"Romeo will improve muscle tone for sitting"



Measurable Family Outcomes

What Parent States:

"We want to be able to take
Romeo with us in the car; we need a
travel car seat"



Family Outcomes: Examples

This

"Karen and Mark travel safely with Romeo in the family car wherever they go"

Not This

"Staff will explore options for financial assistance for travel chairs"



Activity Rating IFSP Outcomes

Criteria for Rating IFSP Outcomes

The outcome statement is necessary and functional for the child's and family's life.		The wording of the statement is jargon-free, clear and simple.
The statement reflects real-life contextualized settings (e.g., not test items).	Holan will play with toys with his sister during bath time	The statement avoids the use of passive words (e.g., tolerate, receive, improve, maintain).
The outcome is discipline-free.		The wording emphasizes the positive.

When the child's contextual information is available, the following IFSP outcome criteria can also be evaluated:

- 1. The outcome is based on the family's priorities and concerns.
- The outcome describes both the child's strengths and needs based on information from the initial evaluation ongoing assessment.

Missouri IFSP QUIRS

Family and Child Centered Outcomes (Missouri IFSP Section 6)					
Review area	1 (unacceptable)	3 (acceptable)	5 (best practice)		
A. Child and family outcomes correlate with family priorities and concerns relative to the child's development.	Child and family outcomes seem to be based on provider priorities (e.g., there is not a clear connection with the concerns and priorities expressed by the family). AND/OR No family outcomes are included related to specific family needs and concerns as expressed in MO IFSP (see Section 5: Summary of Family Concerns, Priorities and Resources to Enhance the Development of Their Child).	Child and family outcomes are clearly based on family concerns and priorities (e.g. there are clear connections between information in MO IFSP Section 5: Summary of Family Concerns, Priorities and Resources to Enhance the Development of Their Child and Section 6: Family and Child Centered Outcomes).			
B. Child outcomes are functional, measurable (including criteria, procedures, and timelines) and related to participation in everyday routines.	Child outcomes are written: • as services to be provided, and/or • in discipline-specific therapeutic language, and/or • in vague terms, rather than written as functional and measurable.	Child outcomes are: functional, and measurable (including criteria, procedures, and timelines).	 Child outcomes are <u>all of the following</u>: functional measurable (including criteria, procedures, and timelines) related to participation in everyday routines and activities. 		
C. Child outcomes are developmentally appropriate and can realistically be achieved in the given review period.	Child outcomes: • have little or no relationship to the information on the child's current functioning, and/or • are not likely to be achieved given the review period.	Child outcomes: • are consistent and relevant with information on child's current functioning, and • can realistically be achieved in the agreed upon review period.			

Other Resource

 Rush and Shelden. Tips and Techniques for Developing Participation-Based IFSP Outcomes Statements, *Brief*CASE, Vol 2, No. 1 http://www.fippcase.org/briefcase/briefcase/vol2 no1.pdf

 McWilliam. Goal Functionality Scale III, 2009 http://www.nectac.org/~pdfs/topics/families/ GoalFunctionalityScaleIII 2 .pdf

What's Happening Now?

- Clarifies outcome and guides intervention planning
- Is a summary of previous information

Example:

Libby must stay home with mom or dad because she refuses to ride in her car seat so the family can go on outings together



Strategies and Methods

- Strategies and methods ("What are the ways in which your family and team will work toward achieving this outcome? Who will help and what will they do?") must -
 - Help achieve the outcome
 - Be based on how <u>all</u> children learn throughout the course of everyday life, at home, in early care and education settings and in the community
 - Be developmentally appropriate
 - Focus on naturally occurring learning opportunities whenever possible

Strategies and Methods

Strategies and methods, cont'd - -

- Support primary caregivers to provide children with everyday learning experiences and opportunities that strengthen and promote a child's competence and development
- Support learning that occurs in context of things that have high levels of interest and engagement for child and family

See Handout: "Developing Strategies to Meet IFSP Outcomes"

Strategies and Methods - Examples

- While in the restaurant, Mom, Dad and Izzy will play language games that encourage Calvin to use his gestures/sign system in a fun way (i.e. "Where is the french fry?" "Who wants more?" "What do you want?")
- The Occupational Therapist will work with Henry's parents to figure out how to make bath time a more enjoyable and safe activity

Services to Meet IFSP Outcomes

 Overall, deciding what will be necessary to achieve each functional outcome/goal is the basis for decisions about services and supports needed

(Dunst & Bruder, 1999; Dunst, Bruder, Trivette, Hamby, Raab & McLean, 2001; Dunst, Bruder, Trivette, Raab & McLean, 2001; Dunst, Hamby, Trivette, Raab & Bruder, 2002)

 Frequency and intensity of services need to be based on the amount of support the family/caregiver needs in using natural learning opportunities throughout everyday routines and activities at home, in community settings, in preschool

(Jung, 2003; Dunst, 2004)

Services to Meet IFSP Outcomes

- There are two broad questions that the team should consider in determining the frequency of supports and services needed to meet the outcomes/goals:
 - "How often will the child's intervention likely need to be changed?"
 - "How often does the family/caregiver/teacher need support to be comfortable in using intervention strategies?"

(Jung, 2003)

Services to Meet Outcomes

- More is better* –
- BUT this means more learning opportunities
- NOT more services
- Learning is what happens between visits of the professionals
 - Throughout the child's day
 - In everyday routines and activities
 - Through multiple repetitions and lots of practice
 - The way all young children learn and participate with families and friends in their communities



*(thanks to Lee Ann Jung, 2003)

Application – Kim's Story

- Tables work together in teams
- Review Kim's Background, Family Routines and Priorities, and Abilities, Strengths and Needs pages (17 mos)
- Each team will be asked to select one child outcome for Kim and complete the worksheet for the outcome
- Each team must also develop one family outcome
- Select a facilitator, recorder and reporter (60 minutes)
- Be prepared to share your team's work

Contact Information

Anne Lucas

Anne.Lucas@unc.edu

919-843-0315

Joicey Hurth

Joicey.Hurth@unc.edu

919-962-7323

Kathi Gillaspy

Kathi.Gillapsy@unc.edu

919-843-5950